



PLEASE MAIL A COPY OF THE COMPLETED FORM TO BOTH: MISSOURI DEPARTMENT OF REVENUE, TAXATION DIVISION, P.O. BOX 453, JEFFERSON CITY, MO 65105-0453 AND STATE TAX COMMISSION, P.O. BOX 146, JEFFERSON CITY, MO 65102-0146.

Of taxable property, as set out in the LAND AND PERSONAL TAX BOOK, with each object of taxation under its appropriate head, together with the valuation as fixed by the State and County Board of Equalization, and the amount of tax on the same.

COUNTY	TAX BOOK YEAR
	____ _

VALUATION

OBJECT TAXED	TAX RATE APPLIED PER \$100.00	VALUATION			
Subclass 1					
Subclass 2					
Subclass 3					
TOTAL REAL ESTATE,					
TOTAL PERSONAL,					
TOTAL VALUATION,					

TAXES FOR ALL PURPOSES

	RATE APPLIED PER \$100.00	REAL ESTATE				PERSONAL				TOTAL TAX			
State Tax,		\$				\$				\$			
County Revenue Tax,													
Township Tax,													
County Road and Bridge Tax,													
Special Road and Bridge Tax,													
School Tax,													
County Subclass 3 Surtax,													
TOTAL TAXES FOR ALL PURPOSES		\$				\$				\$			

I do hereby certify that the foregoing is a true, complete and aggregate abstract of the Tax Books of said county, as the same remains of record in my office. IN WITNESS WHEREOF, I have hereunto set my hand and affixed the seal of the County Court.

CLERK OF THE COUNTY COURT	COUNTY	STATE OF MISSOURI
LOCATION OF OFFICE	DATE ____ / ____ / ____ _	

RECEIVED OF

CLERK OF THE COUNTY COURT	COUNTY	STATE OF MISSOURI	
Received the Tax Book for said county, of which the above and foregoing is a true and correct abstract.	TAX BOOK YEAR	LOCATION OF OFFICE	DATE ____ / ____ / ____ _
COLLECTOR	COUNTY , MISSOURI		